

Extension Request (BOR)

Dated:

Claimant ID/SSN:

BOR Docket No.: (If Issued)

In accordance with the provisions of 56 Ill. Adm. Code 2720.315(c), (*Check One*) (Claimant Employer), the
(*Check One*) (Appellant Appellee) in the above referenced BOR Docket Number, hereby requests an extension
of time within which to file a written argument and/or submit additional evidence. An extension of time is required for the
following reason(s):

Note: If necessary, you may write on the back of this form and/or add extra pages in order to complete your explanation.

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

Board of Review
33 South State Street
9th Floor
Chicago, Illinois 60603-2802
www.ides.illinois.gov
Chicago: 1-800-821-3550
Fax: 1-312-793-2373